

FILED SEP 10 1941

State File No.

Registrar's No.

738

Registration District No.

Primary Registration District No.

1001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) 11

3. (a) PRINT FULL NAME William Moses Elliott

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Augusta 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December 12 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Rutland Vermont
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business School Teacher

MOTHER FATHER { 12. Name Unknown Elliott
13. Birthplace Unknown Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Gratia Weeks
15. Birthplace Unknown Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant August Elliott
(b) Address Halls, Missouri, R. F. D. #2
17. (a) burial (b) Date thereof Aug. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director St. Joseph, Missouri Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Mo.
19. (a) 8-4-1941 (b) W. H. Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural Wayne Township
(If outside city or town limits, write "RURAL")
(d) Street No. Halls, R. F. D. #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 31
1941 to Aug 1, 19 41
that I last saw him alive on Aug 1, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary thrombosis Duration 36 hrs
Due to arteriosclerosis general unknown

Other conditions 94 ft
(Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Thomas (M. D. or other) MD
Address Phys. & Surg. Bldg. Date signed 8-4-41

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Walter Meierhopper Jr......, Registered Apprentice No. *302*
working under my personal supervision.

Signed.....

Obby Jester
Licensed Embalmer No. *No. 4154*

P. O. Address *St. Joseph, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.